

Appendix G -- Nutrition

- * Safe Handling of Bottles
- * Baby Bottle and Food Safety
- * Goat's Milk
- * Infant Development Feeding Guidelines
- * Infant Meal Pattern Chart
- * Food Allergy / Intolerance Form
- * Child Care Emergency Plan for Severe Allergic Reaction

Safe Handling of Bottles

CLEAN

- Wash bottles, bottle caps, and nipples in the dishwasher OR hand wash, rinse, and boil for 5 minutes or more just before refilling.

REFRIGERATE

- Keep filled bottles of formula or breast milk in the refrigerator until just before feeding.
- Refrigerate open containers of ready-to-feed or concentrated formula.
- Keep filled bottles in the refrigerator at 40° or below.

WARMING

- Place bottles in hot (not boiling) water for five minutes.
- Shake well and test milk temperature to make sure it's not too hot before feeding.

NEVER MICROWAVE BABY BOTTLES

Microwaves heat unevenly resulting in “hot spots” that can burn a baby’s mouth and throat.

MOST IMPORTANT TO REMEMBER

- Use bottles only once, then clean thoroughly before using again.
- To avoid tooth decay and ear infections, don’t put babies to bed with a bottle.

WHEN TO THROW OUT BREASTMILK OR FORMULA

- Throw out leftover formula immediately! Bacteria in the baby’s mouth contaminates the formula. The bacteria can then grow and make the baby sick if they drink from that formula again.
- Throw out milk or formula in prepared bottles after 24 hours, even if they have been refrigerated.
- Throw out open containers of ready-to-feed or concentrated formula after 48 hours.
- Throw out unused breastmilk after 48 hours unless it was immediately frozen. Breastmilk may be frozen for two weeks.

FINAL NOTE:

Check “Use by” dates on formula. If it has passed, stay safe. Throw it out.

Safe Handling of Baby Food

Always

- Serve food to the baby from a dish—not from a jar or can.

AND

- Throw away uneaten food from the dish.

Because

- The surface of the container hasn't been cleaned and may contain harmful bacteria.
- Also, bacteria from the baby's mouth contaminates the food, where it can grow and multiply before being served again. Too many bacteria can make the baby sick.

More Things to Remember

- Check "Use by" dates on baby food. If the date has passed, throw it out.
- Check to see that the safety button in the lid is down. If the jar lid doesn't "pop" when opened, or is not sealed completely, don't use it.
- Don't heat baby foods in jars in the microwave. The heat is uneven and can produce "hot spots" that can burn a baby's mouth and throat.

How to Store Baby Food (advice from the USDA)

- Store opened or freshly-made baby food in the refrigerator or in the freezer.
- Store strained fruits and vegetables 2–3 days in the refrigerator or 6–8 months in the freezer.
- Store strained meats and eggs one day in the refrigerator or 1–2 months in the freezer.
- Store meat and vegetable combinations 1–2 days in the refrigerator or 1–2 months in the freezer.

Baby Bottle and Food Safety

What parents can do:

ALWAYS

- Keep your baby's bottle(s) refrigerated until you are ready to leave home. When you get where you are going, immediately refrigerate all food, breastmilk, and formula.
- LABEL each bottle with your BABY's name and DATE bottle was prepared.
- Leave your child's partially used bottle at home (such as an early morning bottle). Fix or give your child a new bottle when you are away from home.
- Send bottles to child care for one day only. All breastmilk or formula should be sent home or thrown out at the end of the day.
- Send bottles filled with the amount your baby usually drinks instead of full bottles. This may mean more bottles, but it will cut down on waste. If your baby needs more breastmilk or formula, caregivers can prepare another bottle.
- Send only UNOPENED jars or cans of commercial baby food.
- Use special care when sending family foods/finger foods.

HINTS FOR SAFE FOOD HANDLING INCLUDE:

- Wash hands before preparing food.
- Keep all items refrigerated until you leave home.
- Wrap food well to be sure it is well protected from contamination, or
- Put food in clean containers that close tightly.

Goat's Milk and Babies 0–12 Months

We don't recommend Goat's milk.

- It is designed for baby goats. Human babies cannot easily digest the high protein and mineral content.
- Goat's milk can cause stress on baby kidneys. Babies may become dehydrated and very ill.
- Goat's milk has low levels of folic acid and vitamin B12. This can lead to anemia.
- Goat's milk is low in Vitamin D, and lack of Vitamin D can lead to Rickets.
- Raw (non pasteurized) goat's milk can contain bacteria, especially dangerous for infants!

BUT, If Goat's milk must be used, then do the following:

- Please consult your health care practitioner.
- Do not use raw or unpasteurized goat's milk.
- Do not use skim or lowfat goat's milk.
- Do not use full strength goat's milk for infants less than six months of age.**
- It is necessary to offer supplemental folic acid, Vitamin B12, Vitamin C, and Vitamin D if using goat's milk.

****Goat's Milk Formulas:** (makes 32 oz.)

Using Evaporated Goat's Milk:

1 can (12–13 oz.) evaporated goat's milk + 20 oz. water + 2 Tbsp sugar

Using Fresh Pasteurized Goat's Milk:

26 oz. of goat's milk + 6 oz. of water + 2 Tbsp of sugar

References:

- Businco, L.; Lucenti, P.; Giampietro, P.G., "Allergenicity of goat's milk in children with cow's milk allergy," *Allergologie* 1995; 18:412.
- Crawford, L.V.; Grogan, F.T., "Allergenicity of cow's milk proteins," *Journal of Pediatrics* 1961; 59: 347-350.
- Dean, T.P.; Adler, S.A.; Ruge, F.; Warner, J.O., "In vitro allergenicity of cows' milk substitutes," *Clinical Exp Allergy* 1993 Mar; 23(3):205-10.
- Gjesing, B.; Osterballe, O.; Schwartz, B.; Wahn, U.; Lowenstein, H., "Allergen-specific IgE antibodies against antigenic components in cow milk and milk substitutes," *Allergy* 1986 Jan; 41 (1):51-6.
- Saperstein, S., "Antigenicity of the whey proteins in evaporated cow's milk and whole goat's milk," *Annals of Allergy* 1960; 18:765-773.
- Spuerger, P.; Walter, M.; Schiltz, E.; Deichmann, K.; Forster, J.; Mueller, H., "Allergenicity of alpha-caseins from cow, sheep, and goat," *Allergy* 1997 Mar;52(3):293-8.

Infant Developmental Feeding Guidelines

Age	Developmental Pattern/Behavior	Foods to Offer
0–3 months	<ul style="list-style-type: none"> • Rooting, sucking, and swallow reflexes are present at birth. • Poor motor control of head, neck, and trunk. • Poor lip closure. 	<ul style="list-style-type: none"> • Breastmilk • Formula
4–6 months	<ul style="list-style-type: none"> • Munching pattern begins; can move food from front of tongue to back. • Palmar grasp begins to develop; uses whole hand to bring objects to mouth and bites them. • Develops head control and sits with support. 	<ul style="list-style-type: none"> • When developmentally ready, offer infant cereal (rice, barley, or oatmeal); mix with breastmilk, formula, or Vitamin C-rich fruit juice. • Offer cereal from a spoon; do not add cereal to the bottle.
8–10 months	<ul style="list-style-type: none"> • Rotary chewing begins. • Sits alone unsupported. • Holds bottle alone. • Can balance while manipulating with hands. • Begins to develop inferior pincer grasp (ability to pinch thumb and forefinger together to pick up food) by 7 to 8 months. • Continued improvement in balance while sitting. 	<ul style="list-style-type: none"> • Offer more solids: mashed fruit, cooked mashed vegetables. • Increase the use of small-sized finger foods as pincer grasp develops. • When able to sit unsupported, introduce small amounts of juice from a cup that is held.
10–12 months	<ul style="list-style-type: none"> • Develops refined pincer grasp. • Can hold spoon and cup in a more coordinated fashion. • Begins to show mature chewing patterns: side-to-side movements with tongue and mashing foods with jaws. • Continued improvement in balance while sitting. 	<ul style="list-style-type: none"> • Increase table foods including well-cooked fruits and vegetables. • Offer well-cooked and chopped meats and other sources of protein: ground beef, tender chicken, boneless fish, egg yolk, cooked beans, tofu, cottage cheese. • Offer juice from a cup. • Offer soft table foods that can be finger fed. • Expect messiness!

Adapted from materials provided by Public Health Seattle King County.

Infant Meal Pattern Chart

Child and Adult Care Food Program

To comply with the Child and Adult Care Food Program regulations, the Infant Meal Pattern lists the amount of food to be offered to children from birth through 11 months. Food within the meal pattern should be the texture and consistency appropriate for the age of the infant and may be served during a span of time consistent with the infant's eating habits; for example, the food items for lunch can be served at two feedings between 12:00 noon and 2:00 p.m. Solid food should be introduced gradually to infants, ages four months and older, to ensure their nutritional well-being. The infant meal must contain, at a minimum, each of the following components in the amounts indicated for the appropriate age group. Refer to the Required Guidelines for Infant Meal Pattern.

Age	Breakfast	Supplement	Lunch/Supper
Birth – 3 months	Infant Formula (4–6 fluid oz.) ¹	Infant Formula (4–6 fluid oz.) ¹	Infant Formula (4–6 fluid oz.) ¹
4–7 months	Infant Formula (4–8 fluid oz.) ¹ or Breast Milk (4–8 fluid oz.) ² Additional food choices if desired: Infant cereal (up to 3 Tbsp) ³	Infant Formula (4–6 fluid oz.) ¹	Infant Formula (4–8 fluid oz.) ¹ or Breast Milk (4–8 fluid oz.) ² Additional food choices if desired: Infant cereal (up to 3 Tbsp) ³ Fruit or vegetables (up to 3 Tbsp) ⁴
8–11 months	Infant Formula (6–8 fluid oz) or Whole Fluid Milk (6–8 fluid oz) or Breast Milk (6–8 fluid oz) ² Fruit or vegetables (1–4 Tbsp) ⁴ and Infant cereal (2–4 Tbsp) ³	Infant Formula (2–4 fluid oz) or Whole Fluid Milk (2–4 fluid oz) or Breast Milk (2–4 fluid oz) ² or Full-Strength Fruit Juice (2–4 fluid oz) ⁴ Additional food if desired: Crusty Bread (up to 1/2 slice) ⁵ or cracker-type product (up to 2) ⁵	Infant Formula (6–8 fluid oz) or Whole Fluid Milk (6–8 fluid oz) or Breast Milk (6–8 fluid oz) ² Fruit or vegetables (1–4 Tbsp) ⁴ Infant cereal (2–4 Tbsp) ³ and/or Choice of Meat/Meat Alternate Meat, Fish, Poultry, or Egg Yolk (1–4 Tbsp) ⁶ or Cooked Dry Beans or Peas (1–4 Tbsp) or Cheese (1/2–2 oz) or Cottage Cheese, Cheese Spread or Cheese Food (1–4 oz)
The Child and Adult Care Food Program is available to all children without regard to race, color, sex, disability, age, or national origin. Any person who believes he or she has been discriminated against in any USDA activity should write to: Adminstrators, Food and Consumer Service, 3101 Park Center Drive, Alexandria, VA 22302.			

1. Infant formulas must be iron fortified.
2. In order to claim an infant meal when breast milk is provided another food item must be offered according to the infant meal pattern.
3. Infant cereal must be dry, iron-fortified cereal.
4. Fruit juice must be full strength.
5. All breads and crackers be whole-grain or enriched meal or flour.
6. No nuts, seeds, or nut butters are allowed.
7. Whole milk may be served at 8 months as long as the infant is consuming 1/3 of calories as a balanced mixture of cereal, fruits, vegetables, and other foods to assure adequate sources of iron and Vitamin C.

Food Allergy/Intolerance Form

Name of Child: _____

Name of Parent: _____

Day Phone: (____) _____ Evening Phone: (____) _____

Emergency Contact: _____ Relationship: _____

list each food separately	brief description of how the child reacts to the food	list appropriate food substitute
	Severe Reaction: <input type="checkbox"/> yes <input type="checkbox"/> no	
	Severe Reaction: <input type="checkbox"/> yes <input type="checkbox"/> no	
	Severe Reaction: <input type="checkbox"/> yes <input type="checkbox"/> no	
	Severe Reaction: <input type="checkbox"/> yes <input type="checkbox"/> no	

Severe Reaction:

If there is a possibility of a severe reaction, please complete Child Care Emergency Plan for Severe Allergic Reaction.

Health Care Practitioner (name and title):

Signature of Practitioner (with phone number and date):

Mailing Address:

Child Care Center Name and Address:

Child Care Emergency Plan for Severe Allergic Reaction

This form is to be completed for the child who has potentially life-threatening reactions to food, insect bites, or medications.

PLEASE PRINT

Child's Name: _____ Phone: (_____) _____

Parent/Guardian: _____ Phone: (_____) _____

Parent/Guardian: _____ Phone: (_____) _____

Physician's Name: _____ Phone: (_____) _____

Allergist: _____ Phone: (_____) _____

Child's Birthdate: _____

If _____ (print the child's name) develops a severe allergic reaction such as:

(please print the symptoms this child will have) the child care center will implement the following emergency plan:

- ☐ Administer prescribed epinephrine (EpiPen) immediately **and/or**
☐ Administer other prescribed medication

Medication Name: _____ Dosage: _____

Medication Name: _____ Dosage: _____

**CALL 911
CALL PARENT
CALL CHILD'S PHYSICIAN
STAY WITH CHILD AT ALL TIMES**

Parent/Guardian Signature: _____

Health Care Practitioner Signature: _____

For more information see "Guidelines for Managing Food Allergies in Child Care" and "Model Child Care Food Allergy Policy," Adapted from materials provided by Public Health Seattle-King County.

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FINAL NOTE:

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Always

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- Throw away uneaten food from the dish.

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8–11 months	Infant Formula (6–8 fluid oz) or Whole Fluid Milk (6–8 fluid oz) or Breast Milk (6–8 fluid oz) ² Fruit or vegetables (1–4 Tbsp) ⁴ and Infant cereal (2–4 Tbsp) ³	Infant Formula (2–4 fluid oz) or Whole Fluid Milk (2–4 fluid oz) or Breast Milk (2–4 fluid oz) ² or Full-Strength Fruit Juice (2–4 fluid oz) ⁴ Additional food if desired: Crusty Bread (up to 1/2 slice) ⁵ or cracker-type product (up to 2) ⁵	Infant Formula (6–8 fluid oz) or Whole Fluid Milk (6–8 fluid oz) or Breast Milk (6–8 fluid oz) ² Fruit or vegetables (1–4 Tbsp) ⁴ Infant cereal (2–4 Tbsp) ³ and/or Choice of Meat/Meat Alternate Meat, Fish, Poultry, or Egg Yolk (1–4 Tbsp) ⁶ or Cooked Dry Beans or Peas (1–4 Tbsp) or Cheese (1/2–2 oz) or Cottage Cheese, Cheese Spread or Cheese Food (1–4 oz)
The Child and Adult Care Food Program is available to all children without regard to race, color, sex, disability, age, or national origin. Any person who believes he or she has been discriminated against in any USDA activity should write to: Administrators, Food and Consumer Service, 3101 Park Center Drive, Alexandria, VA 22302.			

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6. No nuts, seeds, or nut butters are allowed.
7. Whole milk may be served at 8 months as long as the infant is consuming 1/3 of calories as a balanced mixture of cereal, fruits, vegetables, and other foods to assure adequate sources of iron and Vitamin C.

Food Allergy/Intolerance Form

Name of Child: _____

Name of Parent: _____

Day Phone: (____) _____ Evening Phone: (____) _____

Emergency Contact: _____ Relationship: _____

list each food separately	brief description of how the child reacts to the food	list appropriate food substitute
	Severe Reaction: <input type="checkbox"/> yes <input type="checkbox"/> no	
	Severe Reaction: <input type="checkbox"/> yes <input type="checkbox"/> no	
	Severe Reaction: <input type="checkbox"/> yes <input type="checkbox"/> no	
	Severe Reaction: <input type="checkbox"/> yes <input type="checkbox"/> no	

Severe Reaction:

If there is a possibility of a severe reaction, please complete Child Care Emergency Plan for Severe Allergic Reaction.

Health Care Practitioner (name and title):

Signature of Practitioner (with phone number and date):

Mailing Address:

Child Care Center Name and Address:

Child Care Emergency Plan for Severe Allergic Reaction

This form is to be completed for the child who has potentially life-threatening reactions to food, insect bites, or medications.

PLEASE PRINT

Child's Name: _____ Phone: (____) _____

Parent/Guardian: _____ Phone: (____) _____

Parent/Guardian: _____ Phone: (____) _____

Physician's Name: _____ Phone: (____) _____

Allergist: _____ Phone: (____) _____

Child's Birthdate: _____

If _____ (print the child's name) develops a severe allergic reaction such as:

(please print the symptoms this child will have) the child care center will implement the following emergency plan:

- ☐ Administer prescribed epinephrine (EpiPen) immediately **and/or**
☐ Administer other prescribed medication

Medication Name: _____ Dosage: _____

Medication Name: _____ Dosage: _____

**CALL 911
CALL PARENT
CALL CHILD'S PHYSICIAN
STAY WITH CHILD AT ALL TIMES**

Parent/Guardian Signature: _____

Health Care Practitioner Signature: _____

For more information see "Guidelines for Managing Food Allergies in Child Care" and "Model Child Care Food Allergy Policy,"
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